



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300
 FAX: (916) 263-2140
 www.dbc.ca.gov



If you were employed at numerous locations during the time period being documented, reproduce this form before you proceed.

CERTIFICATION OF THE CLINICAL PRACTICE OF DENTISTRY

This Certification is for use in establishing eligibility to become licensed in California based upon credentials and must accompany the Application to Establish Eligibility for Licensure by Credential.

The undersigned certifies that _____ practiced
 (full name of applicant)
 dentistry in the State of _____ during the inclusive dates below:

From (M/D/Y)	To (M/D/Y)	Total Number of Hours per Year
Self-employed during this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If you were self-employed , complete the certification below and attach a copy of <u>page 1 only of Schedule C Form 1040</u> , for each year of qualifying practice time. Or, if incorporated, <u>send page 1 only of Form 1120S</u> . If you were <i>not</i> self-employed, the custodian of records must sign the certification below.		
Practice address during the period indicated above (include city/state/zip): 		
Business name and address, if different from the practice address. 		
Employer/Custodian of Records: 		

I certify under penalty of perjury under the laws of the State of California that I am the custodian of records of the business listed above, and that the above is a true and correct representation of the records of the business.

 Printed/Typed Name of Person Certifying

 Signature of Person Certifying

 Date of Signing

_____(_____)_____
 Telephone Number

_____(_____)_____
 FAX